

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Parents, Teachers and Neighbors working together for quality, safe public schools for all, a project of EdVoice, supporting Marshall Tuck for Superintendent of Public Instruction 2018			Date of This Filing <u>10/30/2018</u> Report No. <u>199112-22</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>3</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER (916)448-3868		I.D. NUMBER (if applicable) 1412370			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Marshall Tuck			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. Superintendent of Public Instruction	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/29/2018	POL Memo Reference: EDT:S496:136	\$600.00
10/29/2018	POL Memo Reference: EDT:S496:137	\$10,300.00
10/29/2018	TEL Memo Reference: EDT:S496:138	\$73,907.00

Reason for Amendment:

Late Independent Expenditure Report

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CALIFORNIA
FORM 496

NAME OF FILER

Parents, Teachers and Neighbors working together for quality, safe public schools for all, a project of EdVoice, supporting Marshall Tuck for Superintendent of Public Instruction 2018

I.D. NUMBER (If applicable)
1412370

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/26/2018	William S. Thompson Newport Beach, CA 92660	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$50,000.00	If loan, enter interest rate, if any _____ %
10/29/2018	Lisle W. Payne San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	\$10,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Memo Reference: EDT:S496:138
Cumulative to date total \$5763025.74

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